

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type:: Regular  
Subject Matter:: Utility  
Title:: DATACONFERENCE APPLIANCE AND SYSTEM  
Attorney Docket Number:: 20030/106:3  
Request for Non-Publication?:: No  
Request for Early Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 11  
Small Entity:: No

### APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: E.  
Family Name:: Slobodin  
City of Residence:: Lake Oswego  
State or Province of Residence:: OR  
Street of Mailing Address:: 28 Independence Ave.  
City of Mailing Address:: Lake Oswego  
State or Province of Mailing Address:: OR  
Postal or Zip Code of Mailing Address:: 97035  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: René  
Family Name:: Poston  
City of Residence:: Portland

State or Province of Residence:: OR  
Street of Mailing Address:: 18385 NW Odell Court  
City of Mailing Address:: Portland  
State or Province of Mailing Address:: OR  
Postal or Zip Code of Mailing Address:: 97229  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeff  
Family Name:: Glickman  
City of Residence:: Las Vegas  
State or Province of Residence:: NV  
Street of Mailing Address:: 3230-8 East Flamingo Road #1007  
City of Mailing Address:: Las Vegas  
State or Province of Mailing Address:: NV  
Postal or Zip Code of Mailing Address:: 89121

### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 3528  
Phone Number:: 503-224-3380, 503-294-9670  
Fax Number:: 503-220-2480  
E-Mail Address:: patlaw@stoel.com, kmferris@stoel.com

### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 3528

### **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/330,253	10/17/01

## **ASSIGNEE INFORMATION**

Assignee Name:: InFocus Corporation  
Street of Mailing Address:: 27700B SW Parkway Avenue  
City of Mailing Address:: Wilsonville  
State or Province of Mailing Address:: OR  
Postal or Zip Code of Mailing Address:: 97070-9215

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/22/01 BY SP/SP